DOCUMENT RESUME

ED 435 889 CG 029 584

AUTHOR Astramovich, Randall L.
TITLE Play Therapy Theories: A Comparison of Three Approaches.
PUB DATE 1999-07-00
NOTE 11p.; Paper presented at the National Conference of the Association for Counselor Education and Supervision (New Orleans, LA, October 27-31, 1999).
PUB TYPE Information Analyses (070) -- Speeches/Meeting Papers (150)
EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Children; *Counseling Theories; *Counselor Client Relationship; *Counselor Role; Objectives; *Play Therapy

ABSTRACT

Client-centered, psychoanalytic, and release and structure play therapy approaches have diverse philosophical viewpoints about the therapist's role, goals of therapy, and use of structuring in play therapy. While each approach aims to help children cope with emotional difficulties, the methods employed and the play therapy process differ substantially across each of the theories. The client-centered method emphasizes the facilitative role of the therapist including the qualities of genuineness, unconditional positive regard, and empathic understanding. This approach's primary goal is self-directed growth and change in the child. In child-centered play theory, structuring is considered an important process early in play therapy. In psychoanalytic play therapy the therapist encourages the development of a transference relationship where the child projects early experiences, feelings, and thoughts onto the psychoanalyst. The main objective of this play therapy method is to promote communication of wishes and fantasies so that children develop a tolerance of their feelings and can function fully at their level of cognitive development. The emphasis of therapeutic structure in psychoanalytic play therapy is upon consistency in the play setting. In release/structured play therapy the therapist assumes an active role in planning the play therapy process. In release therapy the therapist provides security, support, and materials needed to recreate a traumatic event so that the child may assimilate the negative thoughts and feelings associated with a trauma. As its name implies, structured play therapy emphasizes the creation of a structured environment for working through the child's problems. (Contains 11 references.) (Author/MKA)

Reproductions supplied by EDRS are the best that can be made
from the original document.

Running head: PLAY THERAPY THEORIES COMPARISON

ED 435 889

Play Therapy Theories: A Comparison of Three Approaches

Randall L. Astramovich

University of North Texas

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

R. Astramovich

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

CG029584

BEST COPY AVAILABLE

Play Therapy Theories: A Comparison of Three Approaches

This article briefly reviews the therapist's role, goals of therapy, and use of structuring among client-centered, psychoanalytic, and release and structure play therapy theories.

Role of the Play Therapist

Client-Centered Play Therapy

The client-centered method of play therapy emphasizes the facilitative role of the therapist including the qualities of genuineness, unconditional positive regard, and empathic understanding (Dorfman, 1951). According to Axline (1947), the non-directive play therapist is alert and sensitive to the child's needs, expressing a deep respect for the individuality of the child. The play therapist actively creates a permissive atmosphere, allowing the child to feel accepted and understood. Moustakas (1959) underscored the importance of feeling understood for a child to grow in self-directed and spontaneous ways. A major role of the therapist then is to create a permissive atmosphere and a facilitative relationship where such growth can occur. Such an atmosphere develops from the therapist's focus on the child's experience and feelings along with a genuine interest and respect for the child (Moustakas, 1959).

In client-centered play therapy, the therapist meets the child with acceptance and on a feeling level instead of focusing on problems or symptoms (Moustakas, 1959). Axline (1947) indicated that the therapist must convey the attitude of acceptance and not attempt to hurry the child into dealing with problems or direct any aspect of the playroom experience. The therapist allows the child to progress at his or her own pace and understands that "the rate at which the child brings forth significant material is determined by his [or her] psychological readiness to do so" (Dorfman, 1951, p. 242).

Psychoanalytical Play Therapy

In psychoanalytic play therapy, the therapist encourages the development of a transference relationship where the child projects early experiences, feelings, and thoughts onto the psychoanalyst (Klein, 1949). One of the therapist's main roles is to analyze the transference through an exploration of the past and by analyzing unconscious parts of the mind. According to Klein (1949), the therapist attempts to interpret the child's words and play behaviors so that the child develops an awareness of unconscious feelings. From this awareness, the child will experience developmental change. By interpreting the meaning of the child's play, the psychoanalyst encourages insight into the child's unconscious processes and helps the child express feelings more freely. As a result of the therapist's interpretations, the child experiences a sense of relief and a decrease in anxiety levels (Klein, 1949).

Esman (1983) indicated that psychoanalytic play therapy emphasizes the therapist's interpretations as a means for helping the child verbalize inner conflicts. Likewise, Klein (1949) supports the role of the analyst as an interpreter of symbolic play activities. However, the psychoanalytic approach developed by Anna Freud (1946) downplays the role of the therapist's interpretations. Instead, Freud (1946) focused more on the therapist's role in encouraging verbalizations of the child's inner experience. Esman (1983) summarized similarities of both psychoanalytic approaches, emphasizing the role of the therapist is to "observe, attempt to understand, integrate, and ultimately communicate the meanings of the child's play in order to promote the child's understanding of his or her conflict toward the end of more adaptive resolution" (p. 19).

Release/Structured Play Therapy

The structured play therapy approach developed out of psychoanalytic theory and emphasized a goal-oriented method of play therapy. Brems (1993) indicated that structured play therapy approaches relied on abreaction and the cathartic value of play. The structured play therapist assumes a directive and active role in planning the play therapy process. Levy (1982) indicated that in release therapy, the therapist provides security, support, and the materials needed to recreate a traumatic event so that the child may assimilate the negative thoughts and feelings associated with the trauma. Likewise, Brems (1993) suggested that the structured play therapist's primary role is to set the stage for emotional catharsis by preparing and directing structured play scenes. Thus, anxiety-provoking situations are introduced into the play setting by the play therapist (Hambidge, 1983). The therapist intentionally plans play activities that will encourage a strong emotional reaction from the child and refrains from interpretations (Brems, 1993).

Goals and Objectives of Play Therapy

Client-Centered Play Therapy

The primary goal in client-centered play therapy is self-directed growth and change in the child (Landreth, 1991). Moustakas (1959) indicated this process occurs through the exploration of feelings and culminates in the child's increased sense of self-worth. Self-directed growth is facilitated by the therapist imparting a deep understanding of the child and conveying the inherent potential for growth. Guerney (1983) noted that client-centered play therapy cultivates maturity in children by allowing them opportunities for self-direction and self-exploration. Within the permissive and accepting atmosphere of the playroom, the child ultimately will come to recognize his or her own power for self-directed growth and change (Axline, 1947).

Client-centered play therapy also emphasizes the recovery of the child's real self. According to Moustakas (1959), maladjusted children have lost the ability to contact their real self and they therefore are unable to develop their potentials. The lack of contact with the real self leads to feelings of self-inadequacy and mistrust of self and others. The process of client-centered therapy helps the child restore the ability to "go deeper and deeper into his innermost world and bring out into the open his real self" (Axline, 1947, p. 17). Eventually, psychological freedom, or adjustment, occurs when the child's self concept is congruent with all the child's experiences (Dorfman, 1951).

Psychoanalytical Play Therapy

According to Esman (1983), a main objective of psychoanalytic play therapy is to promote the communication of wishes and fantasies so that children develop a tolerance of their feelings and can function fully at their level of cognitive development. Specifically, psychoanalytic play therapy emphasizes the analysis of transference and the child's resistance. Esman (1983) indicated that psychoanalytic play therapy does not encourage abreactions or provide the child a recreational outlet. Play is not the goal in psychoanalytic play therapy, but rather acts as a means to communicate in the child's language (Klein, 1949). Klein (1949) emphasized the outcome of the play process as the release of unconscious material through the expression of fears, fantasies, and defenses in play. Ultimately, through exploring the unconscious, psychoanalytic play therapists encourage the formation in the child of a strong, healthy ego (Esman, 1983).

Release/Structured Play Therapy

The goal of structured play therapy is to recreate a traumatic event, encouraging the child to experience a cathartic release of pain and tension (Levy, 1982). The structured play therapy

developed by Hambidge (1982) specifically attempts to recreate the traumatic events within the play session. Through abreaction, the child begins to work through the unresolved feelings surrounding the trauma and experiences a release from the anxieties which have constricted the child's growth (Levy, 1982). The therapist uses specific toys in working toward the goal of defining the problem, obtaining necessary information, and encouraging catharsis (Levy, 1982).

Levy (1982) identified three types of release therapy. First, the simple release involves aggressive behavior in throwing play items or in regressive infantile behavior such as sucking on a baby bottle. Second, the release of feelings in standard situations such as sibling rivalry. The third type of release therapy involves the release of feelings in specific situations. This last method resembles Hambidge's (1982) structured approach where the play situation is set up to recreate a specific negative experience in the child's life. Brems (1993) pointed out that free play is sometimes allowed in structured play therapy as a means for exploring the child's problems and to develop the therapeutic relationship. In addition, free play may be used as a method of helping the child recuperate from a strong emotional catharsis (Brems, 1983).

Purpose of Structuring in Play Therapy

Client-Centered Play Therapy

In client-centered play therapy, structuring is considered an important process early in the play therapy (Moustakas, 1959). By providing structure, the therapist helps the child understand the nature of the therapeutic relationship and the realization of the child's own power for self-direction and self-growth. Axline (1947) indicated that structuring helps build the relationship so the child understands the nature of the therapy sessions and is able to use them fully. Guerney (1983) defined structuring in terms of providing information or arranging the environment in such a way that promotes facilitative responses from the child. Examples of structure include

session length, frequency of play sessions, what the therapist will do, and what the child is permitted to do (Guerney, 1983). Moustakas (1959) emphasized structuring the session as a means of conveying the attitudes of warmth, acceptance, and respect to the child.

In client-centered play therapy, limits also help define the structure of the play session for the child (Moustakas, 1959). Guerney (1983) noted that limits help define the structure of the session by allowing the child to clearly understand the acceptable parameters of his or her behaviors in the playroom. Appropriate limit setting helps define the boundaries of the play sessions and facilitates a safe and secure play environment for the child (Landreth, 1991). Ultimately, the structure provided by establishing appropriate limits helps the child build self-control (Guerney, 1983).

Psychoanalytical Play Therapy

Klein (1949) discussed the uses of therapeutic structure in terms of design and contents of the playroom. The emphasis in psychoanalytic play therapy is upon consistency in the play setting. To this end, the child's play items are kept locked in a personal drawer when not in use. In psychoanalytic play therapy, little specific structure is imposed upon the play sessions except for explicit limits set if the child intends to harm his or herself or the therapist (Klein, 1949). Psychoanalytic play therapists express tolerance when a child breaks or damages a toy in the expression of anger or aggression (Klein, 1949). Esman (1983) pointed out that the psychoanalytic play therapist conveys permissiveness and refrains from directing the child. According to Klein (1949), the structure of the play sessions revolves around the interpretations of the analyst. Through interpretations, the therapist helps the child develop awareness of unconscious motivations and develop a more intense transference relationship. Thus in

psychoanalytic play therapy the development and working through of the transference relationship comprises the essential structure of the sessions (Klein, 1949).

Release/Structured Play Therapy

As its name implies, structured play therapy emphasizes the creation of a structured environment for working through of the child's problems. The play session attempts to recreate a situation from which the child's symptoms originated (Levy, 1982). Levy (1982) does, however, indicate structured therapy should be used selectively and only with specific kinds of childhood problems. Accordingly, the child's problems should be definite in nature and traceable to a specific traumatic event. The child's problem should not be of too long a duration and the child should be experiencing distress from the past event and not from a problem situation in the present (Levy, 1982).

Hambidge (1982) underscored the use of structure in the play setting as a means of focusing attention specifically on the child's problem. Likewise, Levy (1982) indicated that the toys selected for use in the play session are picked to help structure the session around the child's presenting problem. Hambidge (1982) also structured the specific scenes to be reenacted within the play session. The high degree of therapist involvement and directiveness used in structured play therapy ultimately creates a controlled environment with the therapist selecting the play materials and choosing the plot or theme of the child's play (Levy, 1982).

Conclusion

Client-centered, psychoanalytic, and release and structure play therapy approaches have diverse philosophical viewpoints about the therapist's role, goals of therapy, and use of structuring in play therapy. While each approach aims to help children cope with emotional

difficulties, the methods employed and the play therapy process differs substantially across each of the theories.

References

Axline, V. M. (1947). Play therapy. New York: Ballantine Books.

Brems, C. (1993). A comprehensive guide to child psychotherapy. Boston: Allyn and Bacon.

Dorfman, E. (1951). Play therapy. In C. R. Rogers Client-centered therapy (pp. 235-277). Boston: Houghton Mifflin.

Esman, A. H. (1983). Psychoanalytic play therapy. In C. E. Schaefer and K. J. O'Connor (Eds.), Handbook of play therapy (pp. 11-20). New York: John Wiley & Sons.

Freud. A. (1946). The psychoanalytical treatment of children. New York: Schocken Books.

Guerney, L. F. (1983). Client-centered (nondirective) play therapy. In C. E. Schaefer and K. J. O'Connor (Eds.), Handbook of play therapy (pp. 21-64). New York: John Wiley & Sons.

Hambidge, G. (1982). Structured play therapy. In G. Landreth (Ed.), Play therapy: Dynamics of the process of counseling with children (pp. 105-119). Springfield, IL: Charles C. Thomas.

Klein, M. (1949). The psycho-analysis of children. London: Hogarth Press.

Landreth, G. L. (1991). Play therapy: The art of the relationship.

Levy, D.M. (1982). Release therapy. In G. Landreth (Ed.), Play therapy: Dynamics of the process of counseling with children (pp. 92-104). Springfield, IL: Charles C. Thomas.

Moustakas, C. E. (1959). Psychotherapy with children: The living relationship. New York: Harper & Brothers.